Hospital to Post-Acute Care Data List



This list is intended to provide guidance on key data elements critical for safe and effective care at the time of transition of a patient out of the hospital to a post-acute care setting. It is not intended to be comprehensive. The INTERACT **Hospital Post-Acute Care Transfer Form** illustrates an example of how these data can be formatted so that the data are readily accessible for receiving clinicians.

Contact Information	Hospital Physician Care	Procedures and Key Findings
☐ Patient name	Team Information	☐ List procedures
□DOB	☐ Primary Care Physician	☐ Surgeries
□Language	☐ Contact number	□Imaging
☐ Race/Ethnicity	□Specialist	☐ Key findings
☐ Family/Caregiver/Proxy	☐ Contact number	Modigations / Alloyeins
contact name	Key Clinical Information	Medications/Allergies Medication list attached
☐ Contact number	Vital Signs	
☐ Family/Caregiver/Proxy	□ Time taken	☐ Hard copy for controlled substances
contact name (if different)	☐ Pain rating	□ Allergies
☐ Contact number	□ Pain site	
Code Status		☐ Pain medications ☐ Dose
□ Full Code	□Temperature	□ Last given
	□BP	
□ DNR (Do Not Resuscitate)	□HR	Nursing Care
☐ DNI (Do Not Intubate)	□RR	Physical and Sensory Function
☐ DNH (Do Not Hospitalize)	☐ O2 Saturation	Ambulation
\square No artificial feeding	□Weight	□Independent
☐ Comfort Care	Mental Status	☐ With assistance
☐ Hospice	□ Alert	☐ With assistive device ☐ Not ambulatory
□ Other	☐ Disoriented, follows commands	
Goals of care discussed with patient	☐ Disoriented, cannot follow	Weight bearing ☐ Full
□Yes	commands	☐ Partial (L/R)
□No	☐ Not alert	□ None (L/R)
Patient capable of making decisions		Transfer
☐ Yes	High Risk Conditions	□Self
☐ Requires proxy	☐ Fall risk	☐ 1-Person assist
Transferring Information	☐ Heart failure	☐ 2-Person assist
☐ Hospital name	□ New diagnosis	Sensory Function
□Unit	☐ Exacerbation this admission	□ Sight
☐ Discharging RN	☐ Date of last echo☐ EF	□ Hearing
☐ Contact number	☐ Dry weight	Devices ☐ Wheelchair
☐ Discharging MD	☐ Anticoagulation	□ Walker
☐ Contact number	Reason	☐ Cane
Post Asuto Care Information	☐ Goal of International	☐ Crutches
Post-Acute Care Information	Normalization Ratio	☐ Prosthesis
☐ Hospital name	□ On PPI	☐ Glasses ☐ Contacts
☐ Contact number	☐ Indication(s)	□ Contacts □ Dentures
☐ Verbal report given	☐ On Antibiotics	☐ Hearing aid
☐ Contact name	☐ Indication(s) ☐ Course of treatment	
	☐ Diabetic☐ Most recent glucose	

(continued on reverse)

Hospital to Post-Acute Care Data List (cont'd)



lursing Care (continued)	Therapies	Critical Transitional
Continence	☐ Physical Therapy	Care Information
☐ Continent	☐ Occupational Therapy	☐ Summary of high-priority care
☐ Bladder incontinent	☐ Speech	within the next 24 hrs
☐ Catheter (use/indication)	☐ Respiratory	☐ Pending lab and test results
☐ Date inserted		☐ Recommended follow-up
☐ Bowel incontinent	☐ Dialysis	□Tests
☐ Ostomy	Skin Care	□ Procedures
Nutrition and Hydration	□ No skin breakdown	☐ Appointments
□ Diet	☐ Pressures ulcer	Attached Documents (examples)
☐ Consistency	□Stage	-
☐ Free water restriction	□Location	☐ Admission H&P
Eating Instructions	☐ Other wounds	☐ Specialist consultations
☐ Self	Risks and Precautions	☐ Medication reconciliation
☐ With assistance	□Fall	☐ Operative reports
☐ Difficulty swallowing	□ Delirium	☐ Diagnostic studies
\square Attach speech therapy		□Labs
recommendations if available	☐ Agitation	☐ Diabetic glucose values
Tube feeding	☐ Aggression	☐ PICC placement confirmation
☐ G-tube	☐ Unescorted exiting	☐ Rehab therapy notes
☐ J-tube	☐ Aspiration	
☐ Date inserted	□Other	☐ Respiratory therapy notes
☐ Free Water Bolus	Infection Control Issues	□ Nutrition notes
☐ Tube feed product	Infection/Colonization	☐ Pain ratings
☐ Rate ☐ Duration	□ MRSA	☐ Code status
	□VRE	☐ Advance directives
Treatment and	☐ C. difficile	☐ Discharge summary
Therapeutic Devices	□ESBL	
□PICC	□ Norovirus	
□ Portocath	☐ Flu/respiratory	
\square Date inserted	Isolation Precautions	
Cardiac	□None	
☐ Pacemaker	☐ Contact ☐ Contact-Plus	
□ ICD	□ Droplet	
□Other	□ Airborne	
Respiratory	Immunizations	
□ CPAP □ BiPAP	□Influenza	
	□ Date	
	☐ Pneumococcal	
	☐ Date	
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